Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Filing at a Glance

Companies: General Casualty Insurance Company, Regent Insurance Company

Product Name: Arkansas Commercial Inland SERFF Tr Num: GCCW-125485508State: Arkansas

Marine Forms Filing 050108 10543A

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 09.0000 Inland Marine Sub-TOI Co Tr Num: 050108 10543A State Status: Fees verified and

Combinations received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Andrea Burkeland Disposition Date: 03/03/2008

Date Submitted: 02/20/2008 Disposition Status: Approved

05/01/2008

State Filing Description:

General Information

Project Name: Arkansas Commercial Inland Marine Forms Filing Status of Filing in Domicile: Authorized

050108 10543A

Project Number: 050108 10543A Domicile Status Comments: Reference Organization: N/A Reference Title: N/A Advisory Org. Circular: N/A

Filing Status Changed: 03/03/2008 State Status Changed: 03/03/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

Dear Commissioner.

Deemer Date:

Please see the attached new filing of some additional Inland Marine forms. These are to be filed in both our companies, General Casualty of Wisconsin and Regent Insurance Company. The effective date for these forms is May 1, 2008.

SERFF Tracking Number: GCCW-125485508 State: Arkansas
First Filing Company: General Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Please review the attached lists along with the sample forms. We hope you will be able to approve our filings, but please advise if you have any questions or need any additional information.

Sincerely,

Andrea Burkeland

Systems Support Specialist

Company and Contact

Filing Contact Information

Andrea Burkeland, Rate Development andrea.burkeland@generalcasualty.com

Technician

One General Drive (608) 825-5566 [Phone]

Sun Prairie, WI 53596

Filing Company Information

General Casualty Insurance Company CoCode: 18821 State of Domicile: Wisconsin

One General Drive Group Code: 796 Company Type: Property &

Casualty

Sun Prairie, WI 53596 Group Name: State ID Number:

(608) 837-4440 ext. [Phone] FEIN Number: 36-2755546

Regent Insurance Company CoCode: 24449 State of Domicile: Wisconsin

One General Drive Group Code: 796 Company Type: Property &

Casualty

Sun Prairie, WI 53596 Group Name: State ID Number:

(608) 837-4440 ext. [Phone] FEIN Number: 39-6062860

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

SERFF Tracking Number: GCCW-125485508 State: Arkansas
First Filing Company: General Casualty Insurance Company , ... State Tracking Number: EFT \$50

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Fee Explanation: \$50.00 per submission.

Per Company: No

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

General Casualty Insurance Company \$50.00 02/20/2008 18067895

Regent Insurance Company \$0.00 02/20/2008

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/03/2008	03/03/2008

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Disposition

Disposition Date: 03/03/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	&Approved	Yes
Supporting Document	Forms List GCW	Approved	Yes
Supporting Document	Forms List REG	Approved	Yes
Form	Builders Risk Declarations-Coverage Options	Approved	Yes
Form	Riggers Liability Coverge Form	Approved	Yes
Form	Riggers Liability Declarations	Approved	Yes
Form	Ordinance Or Law Coverage	Approved	Yes
Form	Permission To Occupy Endorsement	Approved	Yes
Form	Agreed Value	Approved	Yes
Form	Builders Risk Renovations Endorsement	Approved	Yes
Form	Camera And Musical Instrument Dealer Declarations Page 1	Approved	Yes
Form	Camera And Musical Instrument Dealers Declarations (Continued)	Approved	Yes
Form	Equipment Dealers Declarations (Continued)	Approved	Yes
Form	Film Declarations	Approved	Yes
Form	Floor Plan Declarations	Approved	Yes
Form	Physicians And Surgeons Equipment Declarations	Approved	Yes
Form	Theatrical Property Declarations	Approved	Yes

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Builders Risk	CM 70 62	05 00	Declaration New		0.00	CM 70 62 05
	Declarations-			s/Schedule			00.pdf
	Coverage						
	Options						
Approved	Riggers Liability	CM 70 65	05 00	Policy/CoveNew		0.00	CM 70 65 05
	Coverge Form			rage Form			00.pdf
Approved	Riggers Liability	CM 70 66	05 00	Declaration New		0.00	CM 70 66 05
	Declarations			s/Schedule			00.pdf
Approved	Ordinance Or	CM 70 72	05 00	Endorseme New		0.00	CM 70 72 05
	Law Coverage			nt/Amendm			00.pdf
				ent/Conditi			
Δ	Б т	014 70 70		ons			014 70 70 05
Approved	Permission To	CM 70 73	05 00	Election/Re New		0.00	CM 70 73 05
	Occupy			jection/Sup			00.pdf
	Endorsement			plemental			
				Application			
Approved	A grood Make	CN 70 74	05.00	s Election/Re New		0.00	CM 70 74 05
Approved	Agreed Value	CM 70 74	05 00			0.00	00.pdf
				jection/Sup plemental			oo.pai
				Application			
				S			
Approved	Builders Risk	CM 70 75	05.00	Election/Re New		0.00	CM 70 75 05
Approved	Renovations	OW 70 73	05 00	jection/Sup		0.00	00.pdf
	Endorsement			plemental			oo.pui
	Litadiodilion			Application			
				S			
Approved	Camera And	CM 79 03	09.88	Declaration New		0.00	CM 79 03 09
	Musical		00 00	s/Schedule		0.00	88.pdf
	Instrument Deale	er					r -
	Declarations						
	Page 1						
Approved	Camera And	CM 79 04	09 88	Declaration New		0.00	CM 79 04 09
			-				

SERFF Tracking Number: GCCW-125485508 State: Arkansas First Filing Company: $General\ Casualty\ Insurance\ Company\ ,\ ...$ State Tracking Number: EFT \$50

Company Tracking Number: 050108 10543A

Property

Declarations

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number:		Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A			
	Musical		s/Schedule		88.pdf
	Instrument				
	Dealers				
	Declarations				
	(Continued)				
Approved	Equipment	CM 79 07 10 90	Declaration New	0.00	CM 79 07 10
	Dealers		s/Schedule		90.pdf
	Declarations				
	(Continued)				
Approved	Film Declaration	ons CM 79 08 09 88	Declaration New	0.00	CM 79 08 09
			s/Schedule		88.pdf
Approved	Floor Plan	CM 79 09 09 88	Declaration New	0.00	CM 79 09 09
	Declarations		s/Schedule		88.pdf
Approved	Physicians And	d CM 79 13 02 96	Declaration New	0.00	CM 79 13 02
	Surgeons		s/Schedule		96.pdf
	Equipment				
	Declarations				
Approved	Theatrical	CM 79 15 09 88	Declaration New	0.00	CM 79 15 09

s/Schedule

88.pdf

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE		AGENCY
NAMED INSURED A	ND ADDRESS	AGENT		4
	BUILD	ERS RISK DECLARATIONS		
		COVERAGE OPTION		
ODTIONS AD	PLICABLE ONLY WHEN INDI	CATED DV AM / V)		
	ORTING FORM COVERAGE	CAILD BI AN (A)		
() 1011	orting form covalings			
,	UE REPORTING			
() COM	PLETED VALUE REPORTING			
REPORTING 1	PERIOD: () MON'	THLY () QUARTERLY		
	PERIOD RATE PER \$100 OF		\$	
() SOF	T COSTS AND RENTAL INCO	ME COVERAGE		
, , , ,				
			F INSURANCE	
		MAXIMUM LIMIT	TOTAL	
() SOF"	T COSTS	for any 30 days \$	LIMIT \$	
,	TAL INCOME	\$ \$	\$ \$	
		·	·	
() ORD	INANCE OR LAW COVERAGE			
		DILL DING I INTE		
	T OF LAW — INCLUDED IN 1 COST LIMIT OF INSURANC!		\$	
	COST OF CONSTRUCTION LI		\$	

RIGGERS LIABILITY COVERAGE FORM

Various provisions in this Coverage Part restrict coverage. Read the entire Coverage Part carefully to determine rights, duties and what is and is not covered.

Throughout this Coverage Part the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this Coverage Part. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to section ${\bf F.}$ — **DEFINITIONS.**

A. COVERAGE

We will pay for direct physical loss or damage to Covered Property from any of the Covered Causes of Loss.

- Covered Property, as used in this coverage form means property of others that is in your care, custody or control while at a location for the purposes of:
 - a. "Rigging";
 - **b.** Assembling or dismantling work in connection with a "rigging" project; or
 - **c.** Operations incidental to a "rigging", assembling, or dismantling project.

2. Property Not Covered

a. Property while airborne or waterborne.

However, we will cover property while being transported on any regular ferry incidental to other modes of transportation.

- b. Buildings, sheds, or real property, other than property in connection with any building or structure that is part of your "rigging", assembling, or dismantling project.
- **c.** Contraband, or any property in the course of illegal transportation or trade.
- **d.** Accounts, bills, currency, deeds, evidences of debt, money, notes, securities or other valuables.

3. Covered Causes Of Loss

Covered Causes of Loss means RISKS OF DIRECT PHYSICAL LOSS to Covered Property except those causes of loss listed in the **EXCLUSIONS**.

B. EXCLUSIONS

 We will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

a. Ordinance or Law

The enforcement of any ordinance or law:

- (1) Regulating the construction, use or repair of any property; or
- (2) Requiring the tearing down of any property, including the cost of removing its debris.

b. Governmental Action

Seizure or destruction of property by order of governmental authority.

But we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread, if the fire would be covered under this policy.

c. Nuclear Hazard

Nuclear reaction or radiation, or radioactive contamination, however caused.

But if nuclear reaction or radiation, or radioactive contamination, results in fire, we will pay for the loss or damage caused by that fire.

d. War And Military Action

- (1) War, including undeclared or civil war:
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

e. Penalties

Penalties, fees or other charges resulting from noncompletion or non-compliance with any contract terms or conditions.

- 2. We will not pay for loss caused by or resulting from any of the following:
 - a. Unexplained disappearance.

This exclusion does not apply to property in the custody of a carrier for hire.

- **b.** Shortage found upon taking inventory.
- c. (1) Wear and tear;
 - (2) Rust, corrosion, fungus, decay, deterioration, hidden or latent defect or any quality in property that causes it to damage or destroy itself;
 - **(3)** Smog;
 - (4) Settling, cracking, shrinking or expansion;
 - (5) Nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals;
 - (6) Mechanical breakdown, including rupture or bursting caused by centrifugal force; or
 - (7) Dampness or dryness of atmosphere;
 - (8) Changes in or extremes of temperature; or

But if an excluded cause of loss that is listed in **B.2.c.(1)** through **B.2.c.(8)** results in a "specified cause of loss" or building glass breakage, we will pay for the loss or damage caused by that "specified cause of loss" or building glass breakage.

d. Rain, snow, sleet, ice, sand or dust to property in the open.

This exclusion does not apply to property in the custody of any carrier for hire.

e. Delay, loss of use or loss of market.

- f. Dishonest or criminal acts by you, anyone else with an interest in the property, or any of your or their partners, employees, directors, trustees, authorized representatives or anyone to whom you entrust the property for any purpose:
 - (1) Acting alone or in collusion with others;
 - (2) Whether or not occurring during the hours of employment.

This exclusion does not apply to acts of destruction by your employees; but theft by employees is not covered.

This exclusion does not apply to carriers for hire.

- g. Voluntary parting with any property by you or anyone else to whom you have entrusted the property if induced to do so by any fraudulent scheme, trick, device or false pretense.
- **h.** Testing, including start-up, performance, stress, pressure, or overload testing of the covered property.
- i. Explosion of steam boilers, steam pipes, steam engines or steam turbines owned or leased by you, or operated under your control. But if explosion of steam boilers, steam pipes, steam engines or steam turbines results in fire or combustion explosion, we will pay for the loss or damage caused by that fire or combustion explosion. We will also pay for loss or damage caused by or resulting from the explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass.
- j. Discharge, dispersal, seepage, migration, release or escape of "pollutants" unless the discharge, dispersal, seepage, migration, release or escape is itself caused by any of the "specified causes of loss". But if the discharge, dispersal, seepage, migration, release or escape of "pollutants" results in a "specified cause of loss", we will pay for the loss or damage caused by that "specified cause of loss".

- 3. We will not pay for loss or damage caused by or resulting from any of the following, 3.a. through 3.c. But if an excluded cause of loss that is listed in 3.a. through 3.c. results in a Covered Cause of Loss, we will pay for the loss or damage caused by that Covered Cause of Loss.
 - a. Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in paragraph 1. above to produce the loss or damage.
 - **b.** Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
 - c. Faulty, inadequate or defective:
 - (1) Planning, zoning, development, surveying, siting;
 - (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
 - (3) Materials used in repair, construction, renovation or remodeling; or
 - (4) Maintenance;

Of part or all of any property on or off the described premises.

C. LIMITS OF INSURANCE

The most we will pay for loss or damage in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

D. DEDUCTIBLE

All claims for loss or damage arising out of each occurrence will be adjusted separately.

We will not pay for loss or damage in any one occurrence until the total amount of all adjusted claims before applying the applicable Limits of

Insurance exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted loss or damage in excess of the Deductible, up to the applicable Limit of Insurance.

E. ADDITIONAL CONDITIONS

The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions.

1. Coverage Territory

We cover property wherever located within:

- a. The United States of America;
- b. Puerto Rico; and
- c. Canada.

2. When Coverage Ceases

The insurance provided by this Coverage Form will end when one of the following first occurs:

- a. This policy expires or is cancelled;
- **b.** The property is accepted by the owner;
- c. Your interest in the property ceases;
- d. You abandon your "rigging", assembling, or dismantling project with no intent to complete it;
- e. The "rigging", assembling, or dismantling project has been completed for more than 30 days; or
- f. Unless specified otherwise in writing, the property has been put to its intended use.

F. DEFINITIONS

"Rigging" means rigging and includes moving, erecting, hoisting, or lowering.

POLICY NUMBER	POLICY PERIOD		COVER	<u>AGE IS PROVIDED IN TI</u>	HE	AGENCY
NAMED INSURED A	ND ADDRESS			AGENT		
	RIGO	ERS LIABILIT	TY DEC	LARATIONS		
LIMITS OF INS	SURANCE				\$	_
ANY ONE RIGGING, ASSEMBLING OR DISMANTLING PROJECT				PROJECT	\$	_
CATASTROPHE LIMIT				\$	_	
DEDUCTIBLE AM	IOUNT				\$	

ORDINANCE OR LAW COVERAGE

This endorsement modifies insurance provided under the following:

BUILDERS RISK COVERAGE FORM

This coverage only applies when indicated by an (X) on the Builders Risk Coverage Declarations.

A. COVERAGE

1. Enforcement of Law

If a Covered Cause of Loss occurs to Covered Property, we will pay for the loss in value of the undamaged portion of the building as a consequence of enforcement of any ordinance or law that:

- **a.** Requires the demolition of parts of the same property not damaged by a Covered Cause of Loss:
- Regulates the construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and
- c. Is in force at the time of loss.

2. Demolition Cost Coverage

If a Covered Cause of Loss occurs to Covered Property, we will pay the cost to demolish and remove debris of undamaged parts of the property caused by enforcement of building, zoning or land use ordinance or law.

3. Increased Cost of Construction Coverage

If a Covered Cause of Loss occurs to Covered Property, we will pay for the increased cost to:

- **a.** Repair or reconstruct damaged portions of that Building property; and/or
- Reconstruct or remodel undamaged portions of that Building property, whether or not demolition is required;

when the increased cost is a consequence of enforcement of building, zoning or land use ordinance or law.

However:

- a. This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
- **b.** We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.
- B. For Coverage provided under this endorsement, LOSS CONDITION E. LOSS PAYMENT of the COMMERCIAL INLAND MARINE CONDITIONS is deleted and replaced by the following:

LOSS PAYMENT

- Loss to the Covered Property, including loss in value of the undamaged portion of the Covered Property due to enforcement of an ordinance or law, will be determined as follows:
 - **a.** If the property is repaired or replaced on the same or another premises, we will not pay more than the lesser of:
 - (1) The amount you actually spend to repair, rebuild or reconstruct, but not for more than the amount it would cost to restore the property on the same premises and to the same height, floor area, style and comparable quality of the original property insured; or
 - (2) The Limit of Insurance shown in the Declarations as applicable to the Covered Property.
 - **b.** If the property is not repaired or replaced, we will not pay more than the lesser of:
 - (1) The actual cash value of the property at the time of loss; or

- (2) The Limit of Insurance shown in the Declarations as applicable to the Covered Property.
- Loss payment under Coverage 2 Demolition Cost Coverage will be determined as follows:

We will not pay more than the lesser of:

- The amount you actually spend to demolish and clear the site of the described premises; or
- The Demolition Cost Limit of Insurance shown in the Declarations.
- Loss payment under Coverage 3 Increased Cost of Construction Coverage will be determined as follows:
 - We will not pay under Coverage 3 Increased Cost of Construction:
 - Until the property is actually repaired or replaced, at the same or another premises; and
 - (2) Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

- b. If the property is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage 3 – Increased Cost of Construction is the lesser of:
 - (1) The increased cost of construction at the same premises; or
 - (2) The Increased Cost of Construction Limit of Insurance shown in the Declarations.
- c. If the ordinance or law requires relocation to another premises, the most we will pay under Coverage 3 Increased Cost of Construction is lesser of:
 - (1) The increased cost of construction at the new premises; or
 - (2) The Increased Cost of Construction Limit of Insurance shown in the Declarations.
- **C.** The terms of this endorsement apply separately to each premises to which this endorsement applies.
- **D.** Under this endorsement, we will not pay for loss due to any ordinance or law that:
 - You were required to comply with before the loss, even if the building was undamaged; and
 - 2. You failed to comply with.

PERMISSION TO OCCUPY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUILDERS RISK COVERAGE FORM

Paragraph **e.(2)** of the When Coverage Ceases Additional Condition is deleted and permission to occupy is granted as of the date shown below.

Month:			
Day:			
Year:			

AGREED VALUE

This endorsement modifies insurance provided under the following:

BUILDERS RISK COVERAGE FORM

The **Coinsurance ADDITIONAL CONDITION** is deleted.

BUILDERS RISK RENOVATIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUILDERS RISK COVERAGE FORM

A. Covered Property is replaced by the following:

Covered Property

Covered Property, as used in this Coverage Form means the building or structure described in the Declarations while under renovation, rehabilitation or repair including:

- 1. Materials, supplies, machinery, equipment and fixtures which will become a permanent part of the renovated building or structure;
- **2.** Temporary structures built or assembled on site, including cribbing, scaffolding and construction forms; and
- **3.** Similar property of others while in your care, custody and control.

Covered Property also includes labor costs necessary to restore lost or damaged Covered Property to its condition prior to the loss or damage.

- B. The following changes are made to A. 2. Property Not Covered:
 - 1. Item d. is deleted
 - **2.** The following items are added:
 - **j.** Foundations, underground pipes, drains and pilings.
 - **k.** The cost of excavation, grading or filling.
- C. Subparagraph e. of the When Coverage Ceases ADDITIONAL CONDITION does not apply.
- D. Loss Payable Clause

For Covered Property in which both you and a Loss Payee shown in the Declarations have an insurable interest, we will:

- 1. Adjust losses with you; and
- Pay any claim for loss or damage jointly to you and the Loss Payee, as their interests may appear.

п

POLICY NUMBER	POLICY PERIOD		COVERAGE IS PROVIDED IN THE		AGENCY
	<u> </u>				
NAMED INSURED AN	ND ADDRESS		AGENT		
	CAMERA A	AND MUSICAL	INSTRUMENT DEALERS DEC	LARATIONS	
CAMERA DEALER	2 ()		MUSICAL INSTRU	MENT DEALER ()
A. PROPERTY	AT YOUR PREMI	SES		LIMITS	OF
WE COVER	ONLY AT THE F	FOLLOWING DE ADDRESS	SCRIBED PREMISES:	INSURAN	CE
				\$	
				\$	
				\$	
B. PROPERTY	AWAY FROM YOU	TR PREMISES	IN THE CARE,		
CUSTODY C	OR CONTROL OF	YOU OR YOUR	EMPLOYEES	\$	
C. PROPERTY	IN TRANSIT			\$	
2					
D. PROPERTY	NOT AT YOUR I	PREMISES AND	NOT INCLUDED ABOVE	\$	
E. ALL COVER	RED PROPERTY A	AT ALL LOCAT	'IONS	\$	
		NONREPORT	ING RATES AND PREMIUMS		
			~ – –	INSTITUTE A	
RATE:			PRE	EMIUM \$	_
	DEDUCTIBLE A	\MOUNT IS \$2	250 UNLESS OTHERWISE ST	CATED \$	
			PREMIUM FOR ENDORSEM	MENTS \$	
		тотат.	PREMIUM THIS COVERAGE	FORM S	

POLICY NUMBER	POLICY PERIOD		COVER	AGE IS PROVIDED IN THE	AGENCY
NAMED INSURED A	NAMED INSURED AND ADDRESS			AGENT	

CAMERA AND MUSICAL INSTRUMENT DEALERS DECLARATIONS (CONTINUED)

RATES AND PREMIUMS (CONTINUED)

REPORTING RATES AND PREMIUMS

1.	DEPOSIT PREMIUM	\$
2.	REPORTING PERIOD	\$
3.	PREMIUM ADJUSTMENT PERIOD	\$
4.	PREMIUM BASE	\$
		\$
		\$
		\$
5.	RATES	\$

ADDITIONALLY COVERED PROPERTY

- A. FURNITURE, FIXTURES AND OFFICE SUPPLIES
- B. MACHINERY, TOOLS AND FITTINGS
- C. PATTERNS, DIES, MOLDS AND MODELS
- D. IMPROVEMENTS AND BETTERMENTS

LIMIT OF INSURANCE

LOCA	ATION 1	LOCATION 2	LOCATION 3
A.	\$	\$	\$
В.	\$	\$	\$
C.	\$	\$	\$
D.	\$	\$	\$

POLICY N	NUMBER	POLICY PERIOD		COVER	AGE IS PROVIDED IN THE	AGENCY
		_	· · · · · · · · · · · · · · · · · · ·		·	
NAMED I	NSURED A	ND ADDRESS		1	AGENT	
		EQU	JIPMENT DEALI	ERS DE	CLARATIONS (CONTINUED)	
			RATES ANI	DREM	IUMS (CONTINUED)	
			101110 1111	J IIIIII	TOTAL (CONTINUED)	
B. RE	PORTING	·				
1.		T PREMIUM			\$	
2.		'ING PERIOD			\$	
3.		M ADJUSTMENT	' PERIOD		\$	
4.		M BASE	IBRIOD		\$ \$	
т.	FICENT	IN DADE			\$	
					ን ራ	
					\$	
					\$	
					Š	

ADDITIONALLY COVERED PROPERTY

- A. FURNITURE, FIXTURES AND OFFICE SUPPLIES
- B. MACHINERY, TOOLS AND FITTINGS

5. RATES

- C. PATTERNS, DIES, MOLDS AND MODELS
- D. IMPROVEMENTS AND BETTERMENTS

LIMIT OF INSURANCE

	LOCATION 1	LOCATION 2	LOCATION 3
A.	\$	\$	\$
В.	\$	\$	\$
C.	\$	\$	\$
D.	\$	\$	\$

POLICY NUMBER	POLICY PERIOD	COVER	AGE IS PROVIDED IN THE	AGENCY
NAMED INSURED A	ND ADDRESS		AGENT	
			l	

FILM DECLARATIONS

		LIMITS OF
	NAME OF PRODUCTION	INSURANCE
1.		\$
2.		\$
3.		\$
4.		\$
		TOTAL \$
		RATES AND PREMIUMS
Α.	REPORTING	ESTIMATED PREMIUM \$
	RATES	\$
		\$
В.	NONREPORTING	PREMIUM \$
	RATES	\$

- DEDUCTIBLE AMOUNT IS \$250 UNLESS OTHERWISE STATED \$
 - PREMIUM FOR ENDORSEMENTS \$
 - TOTAL PREMIUM THIS COVERAGE FORM \$

POLICY NUMBER	POLICY PERIOD		COVERAG	<u>JE IS PROVIDE</u>	D IN THE		AGENCY
NAMED INSURED AT	ND ADDRESS		А	AGENT			•
		FLOOR	PLAN DI	ECLARATIO	IS		
DUAL INTEREST	. ()				SINGLE INT	TEREST ()	
DESCRIPTION C	F COVERED PR	OPERTY:					
NAMED OF SECU	JRED LENDER:						
						LIMITS OF	
A. PROPERTY	AT NAMED PRE	MISES				INSURANCE	
		ADDRESS					
						\$	
						\$	
						\$	
B. PROPERTY	AT ANY UNNAM	ED PREMISES				\$	
C. PROPERTY	IN TRANSIT					\$	
D. ALL COVER	RED PROPERTY	IN ANY ONE C	CCURREN	ICE		\$	
		RAT	TES AND	PREMIUMS			
DEPOSIT PREMI	IUM					\$	
MONTHLY RATE						\$	
	DEDUCTIBLE A	MOUNT IS \$25	0 UNLES	SS OTHERWI	SE STATED	\$	
			PREMIU	JM FOR END	ORSEMENTS	\$	

TOTAL PREMIUM THIS COVERAGE FORM \$

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE	AGENCY
NAMED INSURED A	ND ADDRESS	AGENT	
	DUMATATANA	ND GUDGEONG BOULDWENE DEGLADA	HT ONG
	PHYSICIANS F	AND SURGEONS EQUIPMENT DECLARA	TIONS
LIMITS OF IN	SURANCE		
			LIMITS OF
A. PROPERTY	AT YOUR PREMISES		OF INSURANCE
	AD	DRESS	
			\$
			\$
			\$
B. ALL COVE	RED PROPERTY AT ALL	LOCATIONS	\$
DEDUCTIBLE			
		HER THAN ARTIFICIALLY GENERATI	
CURRENT	COVERAGE IS \$250 UNI	JESS OTHERWISE STATED.	\$
B. IF ARTIF	TONIIV OPNEDATED CITE	RENT COVERAGE APPLIES, THE	
		CIALLY GENERATED CURRENT	
	IS \$1,000 UNLESS OT		\$
			·
RATES			
THE FOLLOWING	G RATES APPLY TO EAC	th LOCATION:	
LOCATION	\$		
LOCATION	\$		

PREMIUM FOR ENDORSEMENTS \$

TOTAL PREMIUM THIS COVERAGE FORM \$

CM 7913 (02-96)

LOCATION

POLICY NUMBER	POLICY PERIOD	COVERAGE IS PROVIDED IN THE		AGENCY
NAMED INSURED AN	ND ADDRESS	AGENT		I
LIMITS OF INS		PROPERTY DECLARATIONS		
A. NAME OF P	RODUCTION		LIMITS	OF
	11020011011		INSURAN	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
B. ALL COVER	ED PROPERTY AT ALL LOCAT	CIONS	\$	
DEDUCTIBLE				
T	THE DEDUCTIBLE AMOUNT IS	\$250 UNLESS OTHERWISE STATED	\$	
RATE				
	THE FOLLOWING RATE A	APPLIES TO THIS COVERAGE FORM	\$	
		PREMIUM FOR ENDORSEMENTS	\$	
	ТОТА	AL PREMIUM THIS COVERAGE FORM	Ś	

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GCCW-125485508 State: Arkansas
First Filing Company: General Casualty Insurance Company , ... State Tracking Number: EFT \$50

Company Tracking Number: 050108 10543A

TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Product Name: Arkansas Commercial Inland Marine Forms Filing 050108 10543A

Project Name/Number: Arkansas Commercial Inland Marine Forms Filing 050108 10543A/050108 10543A

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 03/03/2008

Property & Casualty

Comments:

Attachment:

Property and Casualty Transmittal Document.pdf

Review Status:

Satisfied -Name: Forms List GCW Approved 03/03/2008

Comments: Attachment:

Forms Filing list GCW 0208.pdf

Review Status:

Satisfied -Name: Forms List REG Approved 03/03/2008

Comments: Attachment:

Forms Filing list REG 0208.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance Dept. Us	se Only		2. Ins	urance l	Dep	artment Us	se o	nly	
				a. Dat	te the filir	ng i	s received:			
			a. Date the filing is received:b. Analyst:c. Disposition:							
			c. Disposition:d. Date of disposition of the filing:							
			· · · · · · · · · · · · · · · · · · ·							
				e. Effe						
					New Bu					
							Business			
					te Filing					
					RFF Filir		<u>:</u>			
				h. Sul	oject Cod	les				
3.	Group Name								Group	NAIC#
	QBE								0796	
4.	Company Name(s)				Domicil	е	NAIC #	FE	IN#	State #
	General Casualty Company of	Wisconsin			WI		24414	39	<u> </u>	048
	constant cassain, company of								01590	
	Regent Insurance Company				WI		24449	39		048
								60	62860	
5.	Company Tracking Number			050108	10543A					
	. , ,	rate Office	r(s)	<u> </u>			mberl			
	Company Tracking Number ntact Info of Filer(s) or Corpo Name and address	rate Office	r(s)	[include	10543A toll-free	nuı	mber]		e-	mail
Cor	ntact Info of Filer(s) or Corpor Name and address Andrea A. Burkeland	Title Systems	r(s)	[include	toll-free	nuı		0 a		mail urkeland@
Cor	ntact Info of Filer(s) or Corpor Name and address Andrea A. Burkeland One General Dr	Title Systems Support	r(s)	[include	toll-free	nuı	FAX#	g	ndrea.b eneralc	
Cor	ntact Info of Filer(s) or Corpor Name and address Andrea A. Burkeland	Title Systems	r(s)	[include	toll-free	nuı	FAX#		ndrea.b eneralc	urkeland@
Cor	ntact Info of Filer(s) or Corpor Name and address Andrea A. Burkeland One General Dr	Title Systems Support	r(s)	[include	toll-free	nuı	FAX#	g	ndrea.b eneralc	urkeland@
Cor	ntact Info of Filer(s) or Corpor Name and address Andrea A. Burkeland One General Dr	Title Systems Support	r(s)	[include	toll-free	nuı	FAX#	g	ndrea.b eneralc	urkeland@
Cor 6.	ntact Info of Filer(s) or Corpor Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596	Title Systems Support	r(s)	[include	toll-free	nuı	FAX#	g	ndrea.b eneralc	urkeland@
Cor 6.	ntact Info of Filer(s) or Corpor Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer	Title Systems Support Specialist		[include Teleph (608) 82	toll-free none #s 25-5566	(60	FAX # 08) 825-510	g	ndrea.b eneralc	urkeland@
7. 8.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorize	Title Systems Support Specialist		[include Teleph (608) 82	toll-free none #s 25-5566 A. Burke	(60	FAX # 08) 825-510	g	ndrea.b eneralc	urkeland@
7. 8.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized in information (see General I	Title Systems Support Specialist	for	[include Teleph (608) 82 Andrea	e toll-free none #s 25-5566 A. Burke	(60	FAX # 08) 825-510	g	ndrea.b eneralc	urkeland@
7. 8. Filin 9.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized Type of Insurance (TOI)	Title Systems Support Specialist ed filer nstructions	for	[include Teleph (608) 82 Andrea descripti 0 Inland	A. Burke ons of th	landese	FAX # 08) 825-510 d	g	ndrea.b eneralc	urkeland@ asualty.co
7. 8. Filin 9.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub	Title Systems Support Specialist ed filer nstructions	for 09.0	[include Teleph (608) 82 Andrea descripti 0 Inland	A. Burke ons of th	landese	FAX # 08) 825-510	g	ndrea.b eneralc	urkeland@ asualty.co
7. 8. Filin 9.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized Type of Insurance (TOI)	Title Systems Support Specialist ed filer nstructions -TOI) (s) (if	for	[include Teleph (608) 82 Andrea descripti 0 Inland	A. Burke ons of th	landese	FAX # 08) 825-510 d	g	ndrea.b eneralc	urkeland@ asualty.co
7. 8. Filin 9. 10.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized In the company of th	Title Systems Support Specialist ed filer nstructions p-TOI) (s) (if uirements]	for 09.0	Include Teleph (608) 82 Andrea descripti 0 Inland 0000 Inla	A. Burke ons of th	landese	FAX # 08) 825-510 d e fields) Sub - TOI C	g	ndrea.b eneralc	urkeland@ asualty.co
7. 8. Filin 9. 11.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req	Title Systems Support Specialist ed filer nstructions p-TOI) (s) (if uirements]	for 09.009.009.009.009.0000000000000000000	[include Teleph (608) 82 Andrea descripti 0 Inland 0000 Inland mmercia Rate/Lo	A. Burke ons of the Marine and Marine I Inland Mass Cost	landese	FAX # D8) 825-510 d e fields) Sub - TOI C ine Rules	omb	inations	urkeland@ asualty.co
7. 8. Filin 9. 11.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized In the sum of the	Title Systems Support Specialist ed filer nstructions p-TOI) (s) (if uirements]	for 09.009.009.009.009.0000000000000000000	Andrea description of Inland 0000 Inland Rate/Lo Forms	A. Burketons of the Marinetand Marinetand Marinetand Marinetand Science Company (Company Company Compa	landese	FAX # 08) 825-510 d e fields) Sub - TOI C ine Rules ation Rates/	omb	inations	urkeland@ asualty.co
7. 8. Filin 9. 11. 12. 13.	Name and address Andrea A. Burkeland One General Dr Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized In the sum of the	Title Systems Support Specialist ed filer nstructions p-TOI) (s) (if uirements]	for 09.0 09.1 N/A	[include Teleph (608) 82 Andrea descripti 0 Inland 0000 Inland mmercia Rate/Lo	A. Burke ons of th Marine and Marin I Inland N ss Cost Com wal	landese	FAX # 08) 825-510 d e fields) Sub - TOI C ine Rules ation Rates/ er (give des	omb Rate Rule	inations	urkeland@ asualty.co

Effective March 1, 2007

16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	2/20/2008
19. Status of filing in domicile	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	050108 10543A
21. Filing Description [This area can be used in lieu of a cover form text]	er letter or filing memorandum and is free-
Dear Commissioner,	
Please see the attached new filing of some additional Inland Mar our companies, General Casualty of Wisconsin and Regent Insulthese forms is May 1, 2008.	

Please review the attached lists along with the sample forms. We hope you will be able to approve our filings, but please advise if you have any questions or need any additional information.

Sincerely, Andrea Burkeland Systems Support Specialist

22 F	iling Fees (F	er must provide check # and fee amount if applicable)	
22 . [lf a state requir	s you to show how you calculated your filing fees, place that calculation be	elow]

Check #:

Amount:

EFT \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Arkansas

Independent filings for Commercial Inland Marine Policy Exception Pages

Form #	Ed Date	Title	Optional?	Premium Bearing	Status
CM 70 62	05 00	Builders Risk Declarations- Coverage Options	No	No	New
CM 70 65	05 00	Riggers Liability Coverage Form	Yes	No	New
CM 70 66	05 00	Riggers Liability Declarations	No	No	New
CM 70 72	05 00	Ordinance Or Law Coverage	Yes	No	New
CM 70 73	05 00	Permission To Occupy Endorsement	No	No	New
CM 70 74	05 00	Agreed Value	No	No	New
CM 70 75	05 00	Builders Risk Renovations Endorsement	No	No	New
CM 79 03	09 88	Camera And Musical Instrument Dealers Declarations	No	No	New
CM 79 04	09 88	Camera And Musical Instrument Dealers Declarations (Continued)	No	No	New
CM 79 07	10 90	Equipment Dealers Declarations (Continued)	No	No	New
CM 79 08	09 88	Film Declarations	No	No	New
CM 79 09	09 88	Floor Plan Declarations	No	No	New
CM 79 13	02 96	Physicians And Surgeons Equipment Declarations	No	No	New
CM 79 15	09 88	Theatrical Property Declarations	No	No	New
CM 7000	07 86	Bailees Customer's Property Coverage Form – Special	No	Yes	Current
CM 7001	07 86	Bailees' Customers Property Coverage Form – Standard	No	Yes	Current
CM 7002	07 86	Bailees' Customers' Property Declarations	No	No	Current
CM 7010	10 91 Bailees' Customers' Flat Annual Premium Endorsement		Yes	No	Current
CM 7011	07 86	Bailees' Customers' Storage	Yes	Yes	Current

		Extension Endorsement			
CM 7121	07 86	Cold Storage Locker Plant Declarations	No	No	Current
CM 7210	07 86	Difference In Conditions Coverage Form	No	Yes	Current
CM 7211	07 86	Difference In Conditions Declarations – Page 1	No	No	Current
CM 7212	07 86	Difference In Conditions Declarations – Page 2	No	No	Current
CM 7213	07 86	Difference In Conditions Declarations – Page 3	No	No	Current
CM 7220	07 86	Difference In Conditions Reporting Form Endorsement	Yes	No	Current
CM 7221	07 86	Difference In Conditions Flood Endorsement	Yes	Yes	Current
CM 7222	07 86	Difference In Conditions Earthquake Endorsement	Yes	Yes	Current
CM 7223	07 86	Difference In Conditions Replacement Cost Coverage	Yes	No	Current
CM 7240	07 86	Electronic Data Processing Equipment Coverage form	No	Yes	Current
CM 7241	07 86	Electronic Data Processing Media Coverage Form	No	Yes	Current
CM 7242	07 86	Electronic Data Processing Extra Expense Coverage Form	No	Yes	Current
CM 7243	07 86	Electronic Data Processing Business Interruption Coverage Form	No	Yes	Current
CM 7244	07 86	Electronic Data Processing Declarations	No	No	Current
CM 7245	07 86	Electronic Data Processing – Additional Declarations – Page 1	Yes	No	Current
CM 7246	07 86	Electronic Data Processing – Additional Declarations – Page 2	Yes	No	Current
CM 7247	07 86	Electronic Data Processing – Additional Declarations – Page 3	Yes	No	Current
CM 7248	07 86	Electronic Data Processing – Additional Declarations – Page 4	Yes	No	Current
CM 7251	07 86	Electronic Data Processing Extension Endorsement	Yes	Yes	Current
CM 7272	07 86	Exhibition Floater Declarations	No	No	Current
CM 7301	07 86	Fire Arts Dealers Declarations	No	No	Current

CM 7451	07 86	Fine Arts Floater Declarations	No	No	Current
CM 7511	07 86	Museum Fine Arts Floater Declarations	No	No	Current
CM 7520	07 86	Museum Fine Arts Floater Reporting Endorsement	Yes	No	Current
CM 7361	07 86	Installment Sales Floater Coverage Form – Standard	No	Yes	Current
CM 7362	07 86	Installment Sales Floater Declarations	No	No	Current
CM 7390	07 86	Minicomputer Form	No	Yes	Current
CM 7391	07 86	Minicomputer Coverage Declarations	No	No	Current
CM 7400	07 86	Minicomputer Special Coverage Endorsement	Yes	Yes	Current
CM 7421	07 86	Miscellaneous Property Coverage Form – Standard	No	Yes	Current
CM 7422	07 86	Miscellaneous Property Declarations	No	No	Current
CM 7480	07 86	Motor Truck Cargo Coverage Form – Special	No	Yes	Current
CM 7481	07 86	Motor Truck Cargo Coverage Form – Standard	No	Yes	Current
CM 7482	07 86	Motor Truck Cargo Declarations	No	No	Current
CM 7483	07 86	Motor Truck Cargo – Additional Declarations	No	No	Current
CM 7490	07 86	Motor Truck Cargo – Terminal Endorsement	Yes	Yes	Current
CM 7491	07 86	Motor Truck Cargo – Gross Receipts Payment of Premium Plan	Yes	Yes	Current
CM 7492	07 86	Motor Truck Cargo – Theft Extension Endorsement	Yes	Yes	Current
CM 7493	07 86	Motor Truck Cargo Theft Coverage – Locked Vehicle Endorsement	Yes	Yes	Current
CM 7494	07 86	Motor Truck Cargo – Refrigeration Breakdown Endorsement	Yes	Yes	Current
CM 7571	07 86	Parcel Post Declarations	No	No	Current
CM 7601	07 86	Pattern Floater Coverage Form – Standard	No	Yes	Current
CM 7602	07 86	Pattern Floater Declarations	No	No	Current

CM 7630	07 86	Radio-TV Communication Equipment Coverage Form – Special	No	Yes	Current
CM 7631	07 86	Radio-TV Communication Equipment Coverage Form – Standard	No	Yes	Current
CM 7632	07 86	Radio-TV Communication Equipment Declarations	No	No	Current
CM 7640	07 86	Radio-TV Communication Equipment Off Premises Transmission Lines Endorsement	Yes	Yes	Current
CM 7641	07 86	Radio-TV Broadcasters Business Interruption Endorsement	Yes	Yes	Current
CM 7691	07 86	Salesmen's Floater Declarations	No	No	Current
CM 7751	07 86	Special Dealers Floater Declarations	No	No	Current
CM 7811	07 86	Tool Floater Coverage Form – Standard	No	Yes	Current
CM 7840	07 86	Transportation Coverage Form – Owner's Goods On Owner's Vehicles – Special	No	Yes	Current
CM 7841	07 86	Transportation Coverage Form – Owner's Goods on Owner's Vehicles – Standard	No	Yes	Current
CM 7844	07 86	Transportation Coverage Form – Railroad and Public Truckmen – Special	No	Yes	Current
CM 7845	07 86	Transportation coverage Form – Railroad and Public Truckmen – Standard	No	Yes	Current
CM 7848	07 86	Transportation – Owners – Declarations	No	No	Current
CM 7849	07 86	Transportation – Railroad and Public Truckmen Declarations	No	No	Current
CM 7850	07 86	Locked Vehicle Endorsement	Yes	No	Current
CM 7851	07 86	Transportation Gross Receipts Endorsement	Yes	No	Current
CM 7842	07 86	Trip Transit Coverage Form – Special	No	Yes	Current
CM 7843	07 86	Trip Transit Coverage Form - Standard	No	Yes	Current
CM 7846	07 86	Comprehensive Transit – Location Floater Coverage Form – Special	No	Yes	Current

CM 7847	05 91	Comprehensive Transit Declarations	No	No	Current
CM 7852	05 91	Trip Transit Declarations	No	No	Current
CM 7871	07 86	Warehousemen's Legal Liability Declarations	No	No	Current
CM 7900	07 86	Inland Marine Policy Declarations	No	No	Current
CM 8003	07 86	Loss Payee Clause	Yes	No	Current
CM 7060	05 00	Builders' Risk Coverage Form	No	Yes	Current
CM 7061	05 00	Builders' Risk Declarations – Schedule of Construction Sites	No	No	Current
CM 7070	05 00	Builders' Risk Reporting Endorsement	Yes	No	Current
CM 7071	05 00	Soft Costs And Rental Income Coverage (Builders' Risk)	Yes	No	Current
CM 7120	06 01	Cold Storage Plant Coverage Form	No	Yes	Current
CM 7130	06 01	Cold Storage Locker Plant Reporting Endorsement	Yes	No	Current
CM 7150	05 00	Scheduled Contractors Equipment Coverage	No	Yes	Current
CM 7152	05 00	Blanket Contractors Equipment Coverage	No	Yes	Current
CM 7153	05 00	Contractors Equipment Declarations	No	No	Current
CM 7154	05 00	Schedule of Equipment – Actual Cash Value Valuation Declarations	No	No	Current
CM 7155	05 00	Blanket Contractors Equipment Declarations	No	No	Current
CM 7164	05 00	Well Drillers – Vehicle Coverage For Well Drilling Rigs	Yes	No	Current
CM 7270	06 01	Exhibition Floater – Owner's Coverage Form	No	Yes	Current
CM 7271	06 01	Exhibition Floater – Loaned Property Coverage Form	No	Yes	Current
CM 7300	06 01	Fine Arts Dealer Coverage form	No	Yes	Current
CM 7301	06 01	Fine Arts Dealer Declarations	No	No	Current
CM 7450	06 01	Fine Arts Floater Coverage Form	No	Yes	Current
CM 7510	06 01	Museum Fine Arts Floater Coverage Form	No	Yes	Current

CM 7330	05 00	Installation Floater Coverage Form	No	Yes	Current
CM 7332	05 00	Installation Floater Declarations – Schedule of Installation Sites	No	No	Current
CM 7360	06 01	Installment Sales Floater Coverage Form	No	Yes	Current
CM 7420	06 01	Miscellaneous Property Coverage form	No	Yes	Current
CM 7570	06 01	Parcel Post Coverage Form – Open Form	No	Yes	Current
CM 7580	06 01	Parcel Post Return And/Or Incoming Shipments Clause Endorsement	Yes	No	Current
CM 7600	06 01	Pattern Floater Coverage Form	No	Yes	Current
CM 7690	06 01	Salespersons Samples Floater Coverage Form	No	Yes	Current
CM 7750	06 01	Special Dealers Floater Coverage Form	No	Yes	Current
CM 7810	05 00	Blanket Tool Floater Coverage	No	Yes	Current
CM 7812	05 00	Tool Floater Declarations	No	No	Current
CM 7870	06 01	Warehouseman's Legal Liability Coverage Form	No	Yes	Current
CM 7920	04 00	Commercial Inland Marine Policy Jacket	No	No	Current
CM 7156	05 00	Schedule of Equipment – Replacement Cost Valuation Declarations (Contractors Equipment)	Yes	No	Current
CM 7170	05 00	Theft Exclusion (Contractors Equipment)	Yes	No	Current
CM 7171	05 00	Vandalism Exclusion (Contractors Equipment)	Yes	No	Current
CM 7172	05 00	Boom Restriction (Contractors Equipment)	Yes	No	Current
CM 7173	05 00	Waterborne Coverage (Contractors Equipment)	Yes	Yes	Current
CM 7174	05 00	Property Loaned to Others (Contractors Equipment)	Yes	No	Current
CM 7175	05 00	Property Leased To Others (Contractors Equipment)	Yes	No	Current
CM 7176	05 00	Coinsurance Waiver	Yes	No	Current
CM 7177	05 00	Loss Of Income (Contractors	Yes	No	Current

		Equipment)			
CM 7178	05 00	Excessive Load Capacity Coverage (Contractors Equipment)	Yes	No	Current
CM 7086	04 05	Well Drillers Underground Equipment Coverage	Yes	Yes	Current
CM 7333	05 00	Installation Floater Reporting Endorsement	Yes	No	Current
CM 7917	02 96	Inland Marine Coverage Part Declarations	No	No	Current

Arkansas

Independent filings for Commercial Inland Marine Policy Exception Pages

Form #	Ed Date	Title	Optional?	Premium Bearing	Status
CM 70 62	05 00	Builders Risk Declarations- Coverage Options	No	No	New
CM 70 65	05 00	Riggers Liability Coverage Form	Yes	No	New
CM 70 66	05 00	Riggers Liability Declarations	No	No	New
CM 70 72	05 00	Ordinance Or Law Coverage	Yes	No	New
CM 70 73	05 00	Permission To Occupy Endorsement	No	No	New
CM 70 74	05 00	Agreed Value	No	No	New
CM 70 75	05 00	Builders Risk Renovations Endorsement	No	No	New
CM 79 03	09 88	Camera And Musical Instrument Dealers Declarations	No	No	New
CM 79 04	09 88	Camera And Musical Instrument Dealers Declarations (Continued)	No	No	New
CM 79 07	10 90	Equipment Dealers Declarations (Continued)	No	No	New
CM 79 08	09 88	Film Declarations	No	No	New
CM 79 09	09 88	Floor Plan Declarations	No	No	New
CM 79 13	02 96	Physicians And Surgeons Equipment Declarations	No	No	New
CM 79 15	09 88	Theatrical Property Declarations	No	No	New
CM 7000	07 86	Bailees Customer's Property Coverage Form – Special	No	Yes	Current
CM 7001	07 86	Bailees' Customers Property Coverage Form – Standard	No	Yes	Current
CM 7002	07 86	Bailees' Customers' Property Declarations	No	No	Current
CM 7010	10 91	Bailees' Customers' Flat Annual Premium Endorsement	Yes	No	Current
CM 7011	07 86	Bailees' Customers' Storage	Yes	Yes	Current

		Extension Endorsement			
CM 7121	07 86	Cold Storage Locker Plant Declarations	No	No	Current
CM 7210	07 86	Difference In Conditions Coverage Form	No	Yes	Current
CM 7211	07 86	Difference In Conditions Declarations – Page 1	No	No	Current
CM 7212	07 86	Difference In Conditions Declarations – Page 2	No	No	Current
CM 7213	07 86	Difference In Conditions Declarations – Page 3	No	No	Current
CM 7220	07 86	Difference In Conditions Reporting Form Endorsement	Yes	No	Current
CM 7221	07 86	Difference In Conditions Flood Endorsement	Yes	Yes	Current
CM 7222	07 86	Difference In Conditions Earthquake Endorsement	Yes	Yes	Current
CM 7223	07 86	Difference In Conditions Replacement Cost Coverage	Yes	No	Current
CM 7240	07 86	Electronic Data Processing Equipment Coverage form	No	Yes	Current
CM 7241	07 86	Electronic Data Processing Media Coverage Form	No	Yes	Current
CM 7242	07 86	Electronic Data Processing Extra Expense Coverage Form	No	Yes	Current
CM 7243	07 86	Electronic Data Processing Business Interruption Coverage Form	No	Yes	Current
CM 7244	07 86	Electronic Data Processing Declarations	No	No	Current
CM 7245	07 86	Electronic Data Processing – Additional Declarations – Page 1	Yes	No	Current
CM 7246	07 86	Electronic Data Processing – Additional Declarations – Page 2	Yes	No	Current
CM 7247	07 86	Electronic Data Processing – Additional Declarations – Page 3	Yes	No	Current
CM 7248	07 86	Electronic Data Processing – Additional Declarations – Page 4	Yes	No	Current
CM 7251	07 86	Electronic Data Processing Extension Endorsement	Yes	Yes	Current
CM 7272	07 86	Exhibition Floater Declarations	No	No	Current
CM 7301	07 86	Fire Arts Dealers Declarations	No	No	Current

CM 7451	07 86	Fine Arts Floater Declarations	No	No	Current
CM 7511	07 86	Museum Fine Arts Floater Declarations	No	No	Current
CM 7520	07 86	Museum Fine Arts Floater Reporting Endorsement	Yes	No	Current
CM 7361	07 86	Installment Sales Floater Coverage Form – Standard	No	Yes	Current
CM 7362	07 86	Installment Sales Floater Declarations	No	No	Current
CM 7390	07 86	Minicomputer Form	No	Yes	Current
CM 7391	07 86	Minicomputer Coverage Declarations	No	No	Current
CM 7400	07 86	Minicomputer Special Coverage Endorsement	Yes	Yes	Current
CM 7421	07 86	Miscellaneous Property Coverage Form – Standard	No	Yes	Current
CM 7422	07 86	Miscellaneous Property Declarations	No	No	Current
CM 7480	07 86	Motor Truck Cargo Coverage Form – Special	No	Yes	Current
CM 7481	07 86	Motor Truck Cargo Coverage Form – Standard	No	Yes	Current
CM 7482	07 86	Motor Truck Cargo Declarations	No	No	Current
CM 7483	07 86	Motor Truck Cargo – Additional Declarations	No	No	Current
CM 7490	07 86	Motor Truck Cargo – Terminal Endorsement	Yes	Yes	Current
CM 7491	07 86	Motor Truck Cargo – Gross Receipts Payment of Premium Plan	Yes	Yes	Current
CM 7492	07 86	Motor Truck Cargo – Theft Extension Endorsement	Yes	Yes	Current
CM 7493	07 86	Motor Truck Cargo Theft Coverage – Locked Vehicle Endorsement	Yes	Yes	Current
CM 7494	07 86	Motor Truck Cargo – Refrigeration Breakdown Endorsement	Yes	Yes	Current
CM 7571	07 86	Parcel Post Declarations	No	No	Current
CM 7601	07 86	Pattern Floater Coverage Form – Standard	No	Yes	Current
CM 7602	07 86	Pattern Floater Declarations	No	No	Current

CM 7630	07 86	Radio-TV Communication Equipment Coverage Form – Special	No	Yes	Current
CM 7631	07 86	Radio-TV Communication Equipment Coverage Form – Standard	No	Yes	Current
CM 7632	07 86	Radio-TV Communication Equipment Declarations	No	No	Current
CM 7640	07 86	Radio-TV Communication Equipment Off Premises Transmission Lines Endorsement	Yes	Yes	Current
CM 7641	07 86	Radio-TV Broadcasters Business Interruption Endorsement	Yes	Yes	Current
CM 7691	07 86	Salesmen's Floater Declarations	No	No	Current
CM 7751	07 86	Special Dealers Floater Declarations	No	No	Current
CM 7811	07 86	Tool Floater Coverage Form – Standard	No	Yes	Current
CM 7840	07 86	Transportation Coverage Form – Owner's Goods On Owner's Vehicles – Special	No	Yes	Current
CM 7841	07 86	Transportation Coverage Form – Owner's Goods on Owner's Vehicles – Standard	No	Yes	Current
CM 7844	07 86	Transportation Coverage Form – Railroad and Public Truckmen – Special	No	Yes	Current
CM 7845	07 86	Transportation coverage Form – Railroad and Public Truckmen – Standard	No	Yes	Current
CM 7848	07 86	Transportation – Owners – Declarations	No	No	Current
CM 7849	07 86	Transportation – Railroad and Public Truckmen Declarations	No	No	Current
CM 7850	07 86	Locked Vehicle Endorsement	Yes	No	Current
CM 7851	07 86	Transportation Gross Receipts Endorsement	Yes	No	Current
CM 7842	07 86	Trip Transit Coverage Form – Special	No	Yes	Current
CM 7843	07 86	Trip Transit Coverage Form - Standard	No	Yes	Current
CM 7846	07 86	Comprehensive Transit – Location Floater Coverage Form – Special	No	Yes	Current

CM 7847	05 91	Comprehensive Transit Declarations	No	No	Current
CM 7852	05 91	Trip Transit Declarations	No	No	Current
CM 7871	07 86	Warehousemen's Legal Liability Declarations	No	No	Current
CM 7900	07 86	Inland Marine Policy Declarations	No	No	Current
CM 8003	07 86	Loss Payee Clause	Yes	No	Current
CM 7060	05 00	Builders' Risk Coverage Form	No	Yes	Current
CM 7061	05 00	Builders' Risk Declarations – Schedule of Construction Sites	No	No	Current
CM 7070	05 00	Builders' Risk Reporting Endorsement	Yes	No	Current
CM 7071	05 00	Soft Costs And Rental Income Coverage (Builders' Risk)	Yes	No	Current
CM 7120	06 01	Cold Storage Plant Coverage Form	No	Yes	Current
CM 7130	06 01	Cold Storage Locker Plant Reporting Endorsement	Yes	No	Current
CM 7150	05 00	Scheduled Contractors Equipment Coverage	No	Yes	Current
CM 7152	05 00	Blanket Contractors Equipment Coverage	No	Yes	Current
CM 7153	05 00	Contractors Equipment Declarations	No	No	Current
CM 7154	05 00	Schedule of Equipment – Actual Cash Value Valuation Declarations	No	No	Current
CM 7155	05 00	Blanket Contractors Equipment Declarations	No	No	Current
CM 7164	05 00	Well Drillers – Vehicle Coverage For Well Drilling Rigs	Yes	No	Current
CM 7270	06 01	Exhibition Floater – Owner's Coverage Form	No	Yes	Current
CM 7271	06 01	Exhibition Floater – Loaned Property Coverage Form	No	Yes	Current
CM 7300	06 01	Fine Arts Dealer Coverage form	No	Yes	Current
CM 7301	06 01	Fine Arts Dealer Declarations	No	No	Current
CM 7450	06 01	Fine Arts Floater Coverage Form	No	Yes	Current
CM 7510	06 01	Museum Fine Arts Floater Coverage Form	No	Yes	Current

CM 7330	05 00	Installation Floater Coverage Form	No	Yes	Current
CM 7332	05 00	Installation Floater Declarations – Schedule of Installation Sites	No	No	Current
CM 7360	06 01	Installment Sales Floater Coverage Form	No	Yes	Current
CM 7420	06 01	Miscellaneous Property Coverage form	No	Yes	Current
CM 7570	06 01	Parcel Post Coverage Form – Open Form	No	Yes	Current
CM 7580	06 01	Parcel Post Return And/Or Incoming Shipments Clause Endorsement	Yes	No	Current
CM 7600	06 01	Pattern Floater Coverage Form	No	Yes	Current
CM 7690	06 01	Salespersons Samples Floater Coverage Form	No	Yes	Current
CM 7750	06 01	Special Dealers Floater Coverage Form	No	Yes	Current
CM 7810	05 00	Blanket Tool Floater Coverage	No	Yes	Current
CM 7812	05 00	Tool Floater Declarations	No	No	Current
CM 7870	06 01	Warehouseman's Legal Liability Coverage Form	No	Yes	Current
CM 7920	04 00	Commercial Inland Marine Policy Jacket	No	No	Current
CM 7156	05 00	Schedule of Equipment – Replacement Cost Valuation Declarations (Contractors Equipment)	Yes	No	Current
CM 7170	05 00	Theft Exclusion (Contractors Equipment)	Yes	No	Current
CM 7171	05 00	Vandalism Exclusion (Contractors Equipment)	Yes	No	Current
CM 7172	05 00	Boom Restriction (Contractors Equipment)	Yes	No	Current
CM 7173	05 00	Waterborne Coverage (Contractors Equipment)	Yes	Yes	Current
CM 7174	05 00	Property Loaned to Others (Contractors Equipment)	Yes	No	Current
CM 7175	05 00	Property Leased To Others (Contractors Equipment)	Yes	No	Current
CM 7176	05 00	Coinsurance Waiver	Yes	No	Current
CM 7177	05 00	Loss Of Income (Contractors	Yes	No	Current

		Equipment)			
CM 7178	05 00	Excessive Load Capacity Coverage (Contractors Equipment)	Yes	No	Current
CM 7086	04 05	Well Drillers Underground Equipment Coverage	Yes	Yes	Current
CM 7333	05 00	Installation Floater Reporting Endorsement	Yes	No	Current
CM 7917	02 96	Inland Marine Coverage Part Declarations	No	No	Current